

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES**

EFFECTIVE JULY 1, 2011 THROUGH DECEMBER 31, 2011:

FOR COUNTY OF HAWAII - BU'S 01, 02, 03, 04, 09, 11, 13

FOR COUNTY OF MAUI - BU'S 01, 02, 03, 04, 09, 11, 13

**FOR BOARD OF WATER SUPPLY, CITY & COUNTY OF HONOLULU, COUNTY OF KAUAI, HI PUBLIC CHARTER SCHOOLS,
& STATE - BU'S 09, 10, 11**

EFFECTIVE JULY 1, 2011 THROUGH NOVEMBER 30, 2011:

**FOR BOARD OF WATER SUPPLY, CITY & COUNTY OF HONOLULU, COUNTY OF KAUAI, HI PUBLIC CHARTER SCHOOLS,
& STATE - BU 01**

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	*Monthly Employer Contribution	Total Contribution Required
MEDICAL PLANS					
EUTF PPO (HMA) - 90/10 Plan RSN Chiropractic	Self	\$62.40	\$124.80	\$189.34	\$314.14
	Two-Party	\$151.61	\$303.22	\$459.32	\$762.54
	Family	\$193.18	\$386.36	\$586.10	\$972.46
EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic	Self	\$57.29	\$114.58	\$189.34	\$303.92
	Two-Party	\$139.20	\$278.40	\$459.32	\$737.72
	Family	\$177.35	\$354.70	\$586.10	\$940.80
EUTF Prescription Drug (informedRx)	Self	\$14.04	\$28.08	\$42.74	\$70.82
	Two-Party	\$34.14	\$68.28	\$103.68	\$171.96
	Family	\$43.53	\$87.06	\$132.48	\$219.54
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$97.03	\$194.06	\$232.08	\$426.14
	Two-Party	\$235.75	\$471.50	\$563.00	\$1,034.50
	Family	\$300.48	\$600.96	\$718.58	\$1,319.54
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$74.57	\$149.14	\$232.08	\$381.22
	Two-Party	\$180.86	\$361.72	\$563.00	\$924.72
	Family	\$230.77	\$461.54	\$718.58	\$1,180.12
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$45.23	\$90.46	\$232.08	\$322.54
	Two-Party	\$109.60	\$219.20	\$563.00	\$782.20
	Family	\$139.87	\$279.74	\$718.58	\$998.32
EUTF Supplemental (HMSA) informedRx Prescription Drug RSN Chiropractic	Self	\$44.43	\$88.86	\$136.02	\$224.88
	Two-Party	\$108.06	\$216.12	\$329.94	\$546.06
	Family	\$137.61	\$275.22	\$421.24	\$696.46
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$8.15	\$16.30	\$27.20	\$43.50
	Two-Party	\$20.24	\$40.48	\$66.50	\$106.98
	Family	\$22.50	\$45.00	\$75.92	\$120.92
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$28.28	\$56.56	\$232.08	\$288.64
	Two-Party	\$69.25	\$138.50	\$563.00	\$701.50
	Family	\$88.36	\$176.72	\$718.58	\$895.30
DENTAL PLAN					
HDS Dental	Self	\$6.40	\$12.80	\$19.50	\$32.30
	Two-Party	\$12.79	\$25.58	\$39.04	\$64.62
	Family	\$12.79	\$25.58	\$80.76	\$106.34
VISION PLAN					
VSP Vision	Self	\$1.20	\$2.40	\$3.64	\$6.04
	Two-Party	\$2.21	\$4.42	\$6.76	\$11.18
	Family	\$2.89	\$5.78	\$8.84	\$14.62
LIFE INSURANCE					
Standard Life Insurance	Employee	\$0.00	\$0.00	\$4.16	\$4.16

*Effective July 1, 2011 Until Agreement is Reached